

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES**

MONTHLY POPULATION REPORT OF CHILD CARE FACILITIES
(Child Care Institutions and Group Homes)

Report for month of _____, 20____

Provider No. _____

Name of Agency _____

Address _____

Movement of Population:

Number of Children

A. Children Under Care

Black	White	Other	Total

1. Under care on first day of month
(Item 5 of preceding month)

2. Number admitted during month

3. Total during month (Sum of Items 1 and 2) . . .

4. Number discharged during month

5. Under care on last day of month

B. Children of Child Care Staff Members

Signature of Agency Executive